

LIFE AND DEATH Iona Heath

In memoriam

The legacy of the war generation, which gave us the NHS, is being systematically destroyed

Something very peculiar is going on. We are in the midst of an outbreak of new war memorials, most of which refer to the heroism of the second world war, which ended more than 60 years ago. Almost without exception they mark what we must hope will be a nadir in the degradation of contemporary sculpture. London's Green Park was created by Charles II in 1668 and, unique among the royal parks, it had no lakes, buildings, or monuments. The encroachment began in 1994 with the Canada Memorial, sponsored by the discredited Conrad Black, and is set to continue with the monument to Bomber Command now nearing completion. The very special atmosphere of this very particular park is being destroyed. Yet the most grotesque example is probably the Battle of Britain monument on the Victoria Embankment, whose sponsors include the *Daily Mail* and the Imperial Tobacco group. Here the quality of sculpture is the polar opposite of the authenticity and power of, for example, George Baselitz's tribute to the women of Dresden (*Dresdner Frauen*).

Bad as all this remains, by far the most disturbing aspect is that these memorials are being constructed at precisely the same time as the true legacy of the generation that fought, endured, and survived the second world war is being systematically destroyed. Most members of that generation remembered the previous war, and they had seen how the memorials to the carnage of the trenches had done nothing to make Britain a better place: soldiers had returned to unemployment and homelessness. In its turn the next generation sought a very different legacy.

In 1945, after the victory in Europe but while the war was still grinding on in the Pacific, the Labour Party, with a seriousness and a level of commitment that has all but vanished from contemporary politics of all

shades, issued *Let Us Face the Future: A Declaration of Labour Policy for the Consideration of the Nation*.

The preamble included this very clear statement: "So far as Britain's contribution is concerned, this war will have been won by its people, not by any one man or set of men." A line was being drawn: the legacy was to be for everyone. "The gallant men and women in the Fighting Services, in the Merchant Navy, Home Guard and Civil Defence, in the factories and in the bombed areas—they deserve and must be assured a happier future than faced so many of them after the last war. Labour regards their welfare as a sacred trust." The declaration caught the prevailing mood, and against expectation Labour came to power with a huge majority (393 seats, against the Conservatives' 197). On 27 July 1945 the political correspondent of the *Guardian* wrote: "The country has preferred to do without Mr Churchill rather than have him at the price of having the Tories, too. Such an exercise of independent judgement has rarely been witnessed in a democracy, and it has been reached in the teeth of one of the most fierce and unscrupulous campaigns ever waged by the Tory party and its press, or a section of it."

Clement Attlee's Labour government went on to enact its clear commitment to social inclusion and to transform British society—creating the National Health Service in 1946 and, through the National Insurance Act, also in 1946, introducing financial support for the unemployed, the sick, and the old. The extreme poverty, squalor, and privation of the interwar years were banished to the past within a single term of government. And this was by no means all. The 1947 Town and Country Planning Act introduced protected green belts around town and cities alongside the concept of planning permission so that the ownership of land no longer included a right to exploit that land through unfettered development. By the end of the war,



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with the collapse of the building industry and the destruction of more than 200 000 homes by bombing, there was a desperate housing shortage. The new government oversaw the building of more than a million homes, constructed to defined standards, by 1951.

In its 1945 declaration the Labour Party gave particular priority to the needs of mothers and children: "Labour will work specially for the care of Britain's mothers and their children—children's allowances and school medical and feeding services, better maternity and child welfare services." The Education Act had been passed in 1944 but still needed to be implemented. The Attlee government did this fully, raising the school leaving age and guaranteeing free education for all children. Again, the sentiment expressed in the pre-election declaration is notable: "Above all, let us remember that the great purpose of education is to give us individual citizens capable of thinking for themselves."

This legislative programme provided unprecedented security and opportunity for my generation, born in the late 1940s and the 1950s, which we have so squandered that it is no longer available to those coming after us. Now we have an education system that is based on acquiring competencies and ticking boxes, a health service that is struggling in vain to resist fragmentation and privatisation, social housing increasingly confined to sink estates, the rapid erosion of planning constraints, the cutting of Sure Start provision for young children, the rich looking after themselves, and the poor going, once again, to the wall. The legacy of the war generation is being traduced, and second rate memorials can never compensate them, or indeed us, for that betrayal.

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MEDICINE AND THE MEDIA

Streptococcus B in pregnancy: to screen or not to screen?

The media are pushing for universal screening of pregnant women for group B streptococcus and treatment with antibiotics, but their stories often don't mention the potential harms, says **Margaret McCartney**

"Why won't Britain act to prevent biggest killer of newborns? The £10 [€12; \$16] test that could save babies from death," read the *Daily Mail's* headline last month.¹ The tragic story of a baby called Ewan followed. He had died from group B streptococcus (GBS) eight hours after his birth. "It's hard to put into words the pain we felt at losing our first child without ever having experienced the joy of getting to know him. It was like someone ripping out our hearts." The article went on, "We are one of the few developed countries not to screen for the infection. A third of women carry the bacterium, which is largely harmless to adults . . . One in 300 exposed to it will develop the infection." The bottom line from the *Mail* was that "Spotting it early and treatment with antibiotics during labour or in the first few hours after childbirth can be life saving and yet every year the infection kills 30 newborns."

Screening for streptococcus B in pregnancy is not currently available on the NHS, but several companies offer pregnant women the opportunity to test themselves for streptococcus B, for about £30.^{2,3} The charity Group B Strep Support is campaigning for "every pregnant woman to be given accurate information on GBS as part of her antenatal care, every low risk woman to be offered a sensitive test for GBS carriage at 35-37 weeks of pregnancy without charge (until freely available, all

pregnant woman should be told these tests are available privately), every higher risk pregnant woman to be offered intravenous antibiotics at the start of labour and at intervals until delivery," and women at "highest risk should be recommended these antibiotics."⁴ Another local newspaper reported, "My partner Eloise is now pregnant with our second child and we were both amazed to find no posters or leaflets warning about GBS. It isn't hard or expensive to test for and once it's been detected can be treated simply by giving the mother antibiotics as she goes into labour."⁵

Is this an accurate reflection of the evidence of benefit and lack of harm? A review is taking place by the UK National Screening Committee, which advises the government



Streptococcus B: could a £10 test help?

and the NHS, into whether screening during pregnancy should be recommended: the last review in 2008 concluded that screening should not be offered.⁶ The Royal College of Obstetricians and Gynaecologists estimates that screening would lead to about a third

of women in labour receiving antibiotics. If this was 80% successful at preventing early onset group B streptococcus disease, it could reduce the number of affected UK babies from 340 to 68

a year. At least 1000 women needed to be treated with antibiotics to prevent 1.4 cases. The mortality rate from the disease is 6% for term and 18% for preterm infants. The risks of antibiotic use include anaphylaxis, which is thought to be fatal in one in 10 000 women treated.⁷ Broad spectrum antibiotics lead to resistant organisms, and concerns have been recently raised about the effect on gut flora of infants given antibiotics; no robust, long term data about safety or unintended effects are available. A review article from 2006 said, "The potential for long-term persistence of early-colonising bacteria suggests that much more thought should be given to the late consequences of perinatal broad-spectrum antibiotics. As a minimum, more

studies are needed on the bacteriological and immunological consequences of antibiotic administration to neonates."⁸

Yet many stories about streptococcus B screening fail to explain these uncertainties. The *Manchester Evening News* reported that each twin died at 36 weeks from streptococcus B: "Tragically their deaths might have been prevented with a simple £10 test—but Britain is one of the few developed countries not to screen for the infection."⁹ ITV News Anglia did better to explain the difficulties: "Previously, the UK National Screening Committee has ruled against rolling out a national screening programme on the grounds that the test used by the NHS is unreliable and could lead to pregnant women being given antibiotics unnecessarily. The concern is that antibiotics interfere with the development of a healthy baby's immune system, increasing the risk of asthma and other allergies. But those in favour of screening say a new test is more accurate and would only cost the NHS £10 per test."¹⁰

Jane Plumb, chief executive of Group B Strep Support, thought that the *Daily Mail* article was fair. "It's a subject which, sadly, all too many people are either uninformed or ill informed about." However, she accepts that in several of the case studies in the media stories, the screening test for streptococcus B would not have helped: the time frame of testing at 35-37 weeks has been shown to be most effective at finding infection, and earlier gestational births are therefore unlikely to have benefited from screening. She said, "A similar story is repeated throughout the UK with term newborn babies developing group B streptococcus infections that could easily have been prevented had their mums been offered GBS screening at 35-37 weeks of pregnancy with intravenous antibiotics in labour." These have been undoubtedly tragic deaths. But screening has limitations and potential hazards, and it may be that risk management rather than universal screening is more beneficial but will require nuanced discussion. Presenting potential benefits without the harms does mothers and children a disservice.

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